

OFFICE OF TRIBAL ATTORNEY HOOPA VALLEY TRIBE

Post Office Box 188 • Highway 96 Hoopa, California • 95546 (530) 625-4211 • FAX: (530) 625-4847

ATTORNEY WORK REQUEST

I request the following:		
Legislative Drafting	Legal Research (Opinion)	Review
Consultation	Other Drafting (ie: contract	, letter etc.)
Please briefly describe the nature of your request including reference to specific facts or documents. Please include attachments to this form as necessary:		
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Date of Request:		
Name of Requestor	Title/Dept:	
Signature:	Phone #:	ext
Space below for use of Office of Tribal Attorney only:		
Date Received:	Date Assigned:	
Assigned to: PA KB TH (circle one)		
Date Completed:	Routed to:	